

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7231</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Peter</u> <u>J</u> <u>Wade</u> P.O. Box, Bldg., Room No., if any Street <u>3515 South 124th St.</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53228</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local 139</u> Labor Organization File Number <u>035-847</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 130</u> Street <u>N27 W23233 Roundy Dr</u> City <u>Pewaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53072</u>
5. Position in labor organization. <u>Business Rep</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Peter J. Wade

On

Date

414-541-3925

Telephone Number

Name of Person Filing Peter Wade	File Number U-
----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Baum Sigma Auerbach & Newman, LTD</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 200 W Adams Street Suite 2200</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-5231</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>												
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Attorneys that provide servcie to the Union</p> <p>11.b. Approximate dollar value of such dealing. \$441,581</p> <p>12.a. Nature of interest held or income received.</p> <table><tr><td>01/12/04 Meal</td><td>\$10.01</td><td>05/17/04 Meal</td><td>\$ 8.69</td></tr><tr><td>05/28/04 Meal</td><td>\$18.44</td><td>08/26/04 Meal</td><td>\$12.43</td></tr><tr><td>09/07/04 Meal</td><td>\$ 9.12</td><td></td><td></td></tr></table> <p>12.b. Amount. \$59</p>	01/12/04 Meal	\$10.01	05/17/04 Meal	\$ 8.69	05/28/04 Meal	\$18.44	08/26/04 Meal	\$12.43	09/07/04 Meal	\$ 9.12		
01/12/04 Meal	\$10.01	05/17/04 Meal	\$ 8.69										
05/28/04 Meal	\$18.44	08/26/04 Meal	\$12.43										
09/07/04 Meal	\$ 9.12												

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
--	---

Name of Person Filing Peter Wade

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Operating Engineers Local 139 Health Benefit

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 160

Street N27 W23233 Roundy Dr

City P.O. Box 160

State Wisconsin ZIP Code + 4 53072-0160

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Health Benefit Fund is the employee benefit fund related to the Union

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Health Benefit fund paid \$221.90 in airfare, \$1071.20 in hotel expenses, \$930.00 in conference registration IFEBP, and \$300.14 in daily expenses, on behalf of the IFEBP conference

12.b. Amount.

\$2,523